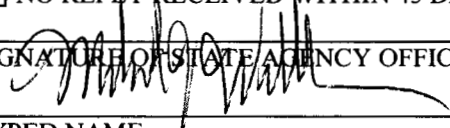
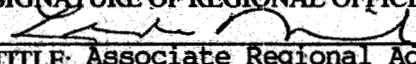


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA # 04-009	2. STATE Nevada
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$ 0.00 b. FFY 2005 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 4.19 B Supplement 1 to Attachment 4.19-B page 2 Section 4, page 58		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B page 2	
10. SUBJECT OF AMENDMENT: Reimbursement for professional services related to organ transplants.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: John A. Liveratti, Chief Compliance 1100 E. William Street Carson City, NV 89701	
13. TYPED NAME: Michael J. Willden			
14. TITLE: Director, Dept. of Human Resources			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: May 28, 2004		18. DATE APPROVED: August 25, 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Linda Minamoto		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-93-6
State: Nevada

(MB)

OMB No.: 0938-
Page 58

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902 (a) (13) (E)
1903 (a) (1) and
(n), 1920, and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the follow requirements.

Section 1902 (a) (13) (E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under Section 1905 (a) (2) (C) of the Act. The agency meets the requirements of Section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost or budget reviews, or sample surveys).

(2) Sections 1902 (a) (13) (E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-b describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902 (a) (10) and
1902 (a) (30) of
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

TN No.: 04-009
Supersedes
TN No.: _____

Approval Date: AUG 25 2004

Effective Date: 04/01/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT FOR ORGAN TRANSPLANT SERVICES
AND OUT-OF-STATE EMERGENCY SERVICES

In order to ensure adequate access to organ transplant services and to emergency services for a recipient while outside of the State of Nevada, Nevada Medicaid uses the following general method for payment for professional services related to organ transplant services and out-of-state emergency services:

1. **Scope:** This section is applicable to all professional services rendered by a physician outside of those services provided by the acute care hospital. This includes charges for attendant physicians and post discharge care. Additionally, this applies to all organ search and match services and emergency transportation services.
2. **Reimbursement:** Provider reimbursements under this supplement must conform to the following:
 - a) All providers are reimbursed by default according to Nevada Medicaid in-state provider rates as described in Attachment 4.19B of the State Plan.
 - b) If the provider refuses to accept these rates, Nevada Medicaid will negotiate reimbursement at the applicable rate of the provider's home state Medicaid program.
 - c) If the provider refuses to accept the rates in either a) or b) above, Nevada Medicaid will negotiate provider specific reimbursement agreements according to the following criteria:
 - 1) The service must only be available from a limited number of out-of-state providers. In Nevada Medicaid's judgment, the service provider which is most cost effective will be authorized to provide the service.
 - 2) Reimbursement agreements will be established only for a limited specific set of services applicable under this section and not for all general services the provider may render.
 - 3) Reimbursement agreements will be for a limited duration of time not to exceed two years to ensure the requirements in 1) above are met.
 - 4) Reimbursement agreements may be in the form of a total amount for the entire service (such as for a particular type of transplant), a percentage of billed charges, or a specific fee schedule.
 - 5) Under no circumstances will reimbursement agreements exceed the usual and customary charges of the provider.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES --
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs: Part A SP Deductibles SP Coinsurance
Part B SP Deductibles SP Coinsurance

Other Medicaid Recipients Part A Deductibles Coinsurance
Part B SP Deductibles SP Coinsurance

Dual Eligible (QMB Plus) Part A SP Deductibles SP Coinsurance
Part B SP Deductibles SP Coinsurance